

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP -2 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000006507 1. Entity Name REFLECTIVE WORD MINISTRIES, INC			
Principal Place of Business 185 NOAH LN QUINCY, FL 32351 US		Mailing Address P O BOX 38266 TALLAHASSEE, FL 32351 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O BOX 38266	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee, FL	
Zip 32315	Country US	4. FEI Number 26-2013700	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LETT, URSULA R 185 NOAH LN QUINCY, FL 32351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		400135970224 09/16/08--01022--004 **\$1.25	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LETT, URSULA R 185 NOAH LN QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANION, BUFORD M JR 502 MCKEITHEN ST #4A TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, LAQUETTA 5260 NW LOVETT RD GREENVILLE, FL 32331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIT DEBORAH L. ROBINSON 2484 NUTMEG CT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S MANION, BUFORD M JR 1862 MARY ELLEN DR TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVEN A. DAVIS 2308 LARUE CT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA STRINGER 500 SAND PINE DR MIDWAY, FL 32343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERITA G. PETTWAY 1309 MAUDE ST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T3 9/2/08	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERITA G. PETTWAY 1309 MAUDE ST TALLAHASSEE, FL 32310
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		8/29/08 488.8048	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	